## MAINE DEPARTMENT OF AGRICULTURE DIVISION OF ANIMAL HEALTH AND INDUSTRY 28 STATE HOUSE STATION AUGUSTA, MAINE 04333-0028

TELEPHONE: (207)287-3701 FAX: (207)624-5044

## **Disease Reporting Form**

According to Sec. 32. 7 M.R.S.A. §1801 and 01-001 Chapter 206:Prevention and Control of Certain Diseases of Domestic Animals and Poultry, diseases or pathogens must be reported to the Maine Department of Agriculture, Division of Animal Health and Industry. Please complete and fax this form to 207/624-5044, or email it to <a href="Linda.Ward@state.me.us"><u>Linda.Ward@state.me.us</u></a>, or telephone your report by calling 207/287-3701.

Date of Report _							
Reporting Person	/Veterin arian's Name, Lico	ense Number, Clinic/Hospita	al Name:				
Last Name	First Name	e Lice	License Number		Clinic/Hospital Name		
	/Veterinarian's Telephone	and Fax Number:					
Telephone Numb	er	Fax Number					
Name of disease,	pathogen or syndrome:		Check one of the following: Suspicion			Confirmed	
Location of Anin	nals:	Owner	s Address:				
Street		Name			phone number	- r	
City	County	Street				-	
State Z	ip	City	County	State	Zip	-	
Please fill in the	following information (if	applicable):					
Onset Date	Type of Speci	es Number affe	ected/dead	Age(s)		Gender(s)	
Actions taken pri	or to notification of the Di	vision of Animal Health and	Industry? (ie, o	liagnosis tests/re	sults, etc. )		
Name of private	or state laboratory used for	sample testing: Nam	e of Private or	State Laboratory	Used where o	diagnosis was accomplished	
Recent Travel Hi	story (if applicable):						
State/Country	Dates						
		_ to/					
		to/					
	from//	to/					